

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
03-004

2. STATE
Nebraska

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
April 1, 2003

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ 1,000,000

b. FFY 2005 \$ 1,000,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1A, Item 13d, Pages 6-9

Attachment 4.19-B Item 13d Page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 3.1A, Item 13d New Pages

Attachment 4.19-B Item 13d New Page

10. SUBJECT OF AMENDMENT:

Assertive Community Treatment

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

Governor has waived review

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Robert J. Seiffert

14. TITLE:

Administrator

15. DATE SUBMITTED:

May 9, 2003

16. RETURN TO:

Attn: Margaret Booth

HHS - F&S

P.O. Box 95026

Lincoln, Nebraska 68509

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

May 9, 2003

18. DATE APPROVED:

July 28, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

//Thomas W. Lenz - signature//

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid and Children's Health

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - REHABILITATIVE SERVICES

ASSERTIVE COMMUNITY TREATMENT

Assertive Community Treatment is a service-delivery model for providing comprehensive community-based psychiatric treatment and rehabilitation services and is intended for individuals with psychiatric illnesses that are most severe and persistent. The service is a multidisciplinary and mobile mental health team who functions interchangeably to provide the rehabilitation and treatment services designed to enable the consumer to live successfully in the community in an independent or semi-independent arrangement. With the same team providing treatment and rehabilitation services, the complex interaction of symptoms and psychosocial functioning are addressed more efficiently and effectively across time. The content, amount, timing and kinds of service provided vary among clients and for each client across time. Team service intensity is individualized based upon continual assessment of need and adjustment to the treatment plan.

The services must be medically and/or biopsychosocially necessary. These services are designed to rehabilitate individuals who are experiencing severe and persistent mental illness in the community and thereby avoid more restrictive levels of care such as psychiatric inpatient hospitalization or nursing facility. Rehabilitative psychiatric services do not include treatment for a primary diagnosis of substance abuse.

Assertive Community Treatment services must be recommended by a licensed mental health professional prior to receiving these services. An assessment must be completed to receive the service(s). The licensed mental health professional will develop service need recommendations that identify rehabilitative and mental health services needed by the client. The completed service needs assessment and service recommendations will be reviewed and approved by a supervising mental health practitioner (psychiatrist or licensed psychologist).

Provider Qualifications: Providers of rehabilitative psychiatric services must be licensed/ certified by the Nebraska Department of Health and Human Services as providers of community-based comprehensive psychiatric rehabilitation and support services. Providers must be under contract with the Nebraska Health and Human Service System through the Regional Governing Boards as defined in Neb. Rev. Stat. §83-158.01 to §83-169 and §71-5001 to §71-5052 to provide one or more of the covered services and must demonstrate the capacity to fulfill and abide by all contractual requirements. The provider must complete a Medicaid provider agreement and obtain a Medicaid approved provider number. Providers are required to meet all applicable licensure and certification requirements, hold a current license/certification and adhere to scope of practice definitions of licensure/certification boards.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - REHABILITATIVE SERVICES

Assertive Community Treatment includes the following components:

1. Completion of a comprehensive assessment of client need and the development of an appropriate treatment, rehabilitation and service plan;
2. Direct and provide needed treatment and rehabilitation services in a culturally sensitive and competent manner. The mandatory treatment and rehabilitative interventions include:
 - a) Treatment and Service Plan Coordination: An individualized treatment and service plan developed by the treatment team to diagnose, treat, and rehabilitate the client's medical symptoms and remedial functional impairments;
 - b) Crisis Assessment and Management: Immediate medical interventions to assess and treat an acute exacerbation of medical symptoms and/or remedial functional impairments;
 - c) Symptom Assessment and Management: Initial and ongoing biopsychosocial assessment of the client's medical symptoms and remedial functional impairments. The assessment includes, but is not limited to, relevant history, previous treatment, current medical conditions and medications;
 - d) Individual Contacts: Staff interventions with the client or their family to facilitate communication and client skill building necessary to support the client in the community and minimize the adverse effects of the illness. The specific focus of family contact is to facilitate the effective treatment and rehabilitation of the client;
 - e) Active Treatment Interventions: Active treatment interventions include individual therapy, group therapy, family therapy and substance abuse counseling;
 - f) Medication Prescription, Administration and Monitoring;
 - g) Activities of Daily Living: Medical and remedial services designed to rehabilitate and develop the general skills and behaviors needed for the client to engage in substantial gainful activity and use of daily living skills. These include problem solving, individualized assistance and support and skill training;
 - h) Social Interpersonal Relationship and Leisure Time Skill Training: Remedial interventions (problem solving, role playing, modeling and support, etc.) designed to minimize the adverse effects of severe mental illness (examples: isolation, poor peer selection, poor decision making, depression, substance abuse, anxiety). Interventions include activities required to help the client improve communication skills, develop assertiveness, increase self esteem, develop social skills and meaningful personal relationships, plan appropriate and productive use of leisure

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State NebraskaMETHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

ASSERTIVE COMMUNITY TREATMENT

For Assertive Community Treatment, the unit of service is a client day. The services will be paid on a fee-for-service basis for each day that services are performed, including face-to-face contact with the client, or on behalf of the client, and conducting daily organization staff meetings to review the status of the team's clients and the schedule of upcoming interventions. Providers cannot bill for a day during which no service was performed.

Payment Rates: The payment rate for Assertive Community Treatment is in accordance with the Nebraska Behavioral Health System statewide rates adopted by the Department, that are determined as follows.

Rates are established effective October 1 each year. Government providers submit cost information to the Department as of June 30 of each year. Rates for the following period of October 1 through September 30 are determined based upon the providers' costs of allowable personnel and indirect costs divided by the estimated number of client service days. Rates paid to non-government providers are fee-based and established for the period of October 1 through September 30 of each year. Rates are set to reimburse the reasonable costs of providing services, but are not a guarantee that a provider's costs will be fully met.

Rates paid to government providers will be retroactively settled to actual cost within ninety days following receipt of the June 30 cost report. Rates paid to non-government providers are prospective and considered final payment for services provided.

Provider payment is fee for service. Providers, who are subcontractors of Regional Governing Boards, submit claims directly to MMIS for payment. The Department, through MMIS, will issue payment to the Regional Governing Boards per Neb. Rev. Stat. §83-158.01 to §83-169 and §71-5001 to §71-5052 who then distribute the MMIS payments to providers. Regional Governing Boards are regional consortiums/quasi governmental entities consisting of 93 counties organized into six (6) regional areas of the state for the purpose of planning and contracting for mental health services.

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State Nebraska

LIMITATIONS - REHABILITATIVE SERVICES

Assertive Community Treatment teams shall provide a comprehensively staffed team including a psychiatrist, peer/family support staff (licensed mental health practitioner), program assistants, and clinical staff (mental health practitioners and registered nurses). Team members must be appropriately licensed.

Limitation on Services: Covered services are available only to Medicaid eligible recipients with a written service plan containing the recommended necessary psychiatric rehabilitation and support services. Services must be pre-authorized by the Department or its agent, and are subject to continuing stay review. Each service has an authorized level of benefit as determined by the Department or its agent. Limitations may also be imposed on days and/or hours of total benefits provided to a client during a given time period. Services are excluded to any recipient who is a resident of an IMD.

Assertive Community Treatment is designed to:

1. Provide comprehensive community based treatment and rehabilitation services through a self-contained clinical team to clients living in independent or semi-independent living situations.
2. Provide services to severely impaired clients who are resistant to more traditional interventions or unable to remain stable with the maximum use of traditional community resources including other psychiatric rehabilitative service.
3. To increase the client's functioning so that s/he can live successfully in the community setting of his/her choice, capabilities, and resources;
4. Decrease the frequency and duration of hospitalization;
5. To lessen or eliminate debilitating symptoms and to prevent or minimize recurrent acute episodes of illness;
6. To improve social skills, self-care, symptom management, and medication adherence; and
7. Provide a frequency and duration of services that allows the client to achieve continuous stability in all functional areas. Involvement with the team is over an extended period of time to maintain consumer functional level and progress.

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